



Revised 03/06 WDNY

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)**

17 CV 6546 S

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: NOTE: *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.*

1. MANUEL NICOLAS GONZALEZ-REYES A# 042701219
2. _____

-VS-

B. Full Name(s) of Defendant(s) NOTE: *Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.*

- | | |
|-----------------------------|---------------------------------|
| 1. <u>OFFICER PARKER</u> | 4. <u>AKIMA GLOBAL SERVICES</u> |
| 2. <u>OFFICER FOSSIL</u> | 5. _____ |
| 3. <u>LEUTENANT O'NEILL</u> | 6. _____ |

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: *To list additional plaintiffs, use this format on another sheet of paper.*

Name and Prisoner Number of Plaintiff: MANUEL NICOLAS GONZALEZ-REYES A# 042701219

Present Place of Confinement & Address: BUFFALO FEDERAL DETENTION FACILITY AT
4250 FEDERAL DRIVE, BATAVIA, NY 14020

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: OFFICER PARKER

(If applicable) Official Position of Defendant: DEPORTATION OFFICER / AGS EMPLOYEE

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: BUFFALO FEDERAL DETENTION FACILITY

Name of Defendant: OFFICER FOSSIL

(If applicable) Official Position of Defendant: DEPORTATION OFFICER / AGS EMPLOYEE

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: BUFFALO FEDERAL DETENTION FACILITY

Name of Defendant: LIEUTENANT O'NEILL

(If applicable) Official Position of Defendant: LIEUTENANT / AGS EMPLOYEE

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: BUFFALO FEDERAL DETENTION FACILITY

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ___ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

_____ Dismissed (check the box which indicates why it was dismissed):

_____ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

_____ By court for failure to exhaust administrative remedies;

_____ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

_____ By court due to your voluntary withdrawal of claim;

_____ Judgment upon motion or after trial entered for

_____ plaintiff

_____ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes _____ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

- ☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- ☐ By court for failure to exhaust administrative remedies;
- ☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- ☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

- ☐ plaintiff
- ☐ defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|------------------------|---------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure ✓ |
| • Free Speech | • False Arrest ✓ | • Malicious Prosecution ✓ |
| • Due Process ✓ | • Excessive Force ✓ | • Denial of Medical Treatment ✓ |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). **Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You **must** provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you **must** attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.



A. FIRST CLAIM: On (date of the incident) JULY 6, 2017

defendant (give the name and position held of each defendant involved in this incident) OFFICERS PARKER, FOSSIL, AND LIEUTENANT O'NEILL

did the following to me (briefly state what each defendant named above did): FOR REASONS UNWARRANTED AND UNCALLED FOR, ACCOSTED, MANIPULATED, STRIPPED, AND VIOLATED MY PERSON. I WAS SUBJECT TO VERBAL AND PHYSICAL ABUSE AND INDIGNATION, ALL ON BASELESS ACCUSATION AND GROUNDLESS SUSPICION OF AN INFRACTION THAT NEVER OCCURRED. THESE EMPLOYEES OF DHS/ICE LITERALLY "JUMPED THE GUN" AND VIOLATED ONE PROCESS AND MY CONSTITUTIONAL RIGHTS. I SUSTAINED MULTIPLE INJURIES, AS WELL AS MENTAL AND EMOTIONAL TRAUMA THAT HAUNT ME TO THIS DAY. (SEE ATTACHED EXHIBITS)

The constitutional basis for this claim under 42 U.S.C. § 1983 is: _____

The relief I am seeking for this claim is (briefly state the relief sought): ACTUAL DAMAGES FROM DECREASED USE & FUNCTION OF STRUCTURAL APPENDAGE AS WELL AS PUNITIVE & EXEMPLARY DAMAGES FOR RESIDUAL MENTAL, EMOTIONAL TRAUMA IN THE AMOUNT OF USD 50,000.00

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes _____ No If yes, what was the result? THE FACILITY GRIEVANCE WAS DISMISSED.

Did you appeal that decision? ☒ Yes _____ No If yes, what was the result? CONCURRENT DISMISSAL

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: N/A

A. SECOND CLAIM: On (date of the incident) N/A

defendant (give the name and position held of each defendant involved in this incident) _____

did the following to me (briefly state what each defendant named above did): _____

The constitutional basis for this claim under 42 U.S.C. § 1983 is: _____

The relief I am seeking for this claim is (briefly state the relief sought): _____

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? _____ Yes _____ No If yes, what was the result? _____

Did you appeal that decision? _____ Yes _____ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

DISCIPLINARY ACTION FOR LISTED DEFENDANTS AS WELL AS
ACTUAL, PUNITIVE, & EXEMPLARY DAMAGES AMOUNTING TO
USD 50,000.00

Do you want a jury trial? Yes ☒ No ☐


I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/4/17
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

Manuel Nicolas Gonzalez Reyes
Manuel Nicolas Gonzalez Reyes

Signature(s) of Plaintiff(s)


MATTHEW BUCK
Notary Public - State of New York
No. 01BU6256203
Qualified in Wyoming County
Commission Expires March 26, 2018
8/4/17

(2991)

DETAINEE GRIEVANCE FORM**GRIEVANCE #***(This form must contain one complaint / grievance and must be filed within 5 days of issue)*Detainee Name: Manuel Nicolas Gonzalez-Reyes A/USM# 042701219 Housing Unit: A2Complaint / Comments: USE OF EXCESSIVE FORCE, ABUSE, PERSONAL INJURYAction requested by detainee: REPROACHMENT, REPRIMAND, REASSIGNMENT OF OFFICERS INVOLVED(Information Page Used ☐ yes ☐ no)☐ Detainee Request Attached.Grievant Signature: Manuel Nicolas Gonzalez Reyes Date / Time: JULY 9 - 2017 500PMGrievance Coordinator: [Signature] Date / Time: 7/10/17 @ 0600**STEP #1 GRIEVANCE OFFICER (GO)**

(5 business days to complete)

Date and Time Received

☐ This grievance has been formally resolved as follows:You were observed passing contraband through the fence. you are subject to search at anytime while in this facility. All policies were followed video surveillance plans(Confirmation Page Used ☐ yes ☐ no)☒ GO resolution is NOT accepted and the grievance has been assigned to the responsible Department Head for resolution. everything was done proper. Request deniedGO Signature: [Signature] Date / Time: 7/11/17 @ 0720Grievant Signature: Manuel Nicolas Gonzalez Reyes Date / Time: 7/20/17**STEP #2 DEPARTMENT HEAD (DEPT HEAD)**

(5 business days to complete)

Date and Time Received

Dept Head: _____

☐ This grievance has been formally resolved as follows:

OR

(Confirmation Page Used ☐ yes ☐ no)☐ Department Head resolution is NOT accepted and the grievance has been referred to the Grievance Appeals Board.

Dept Head: _____

Date / Time: _____

Manuel Nicolas Gonzalez-Reyes
Alien Number 042701219
Buffalo Federal Detention Facility
4250 Federal Drive
Batavia, NY 14020

Dated: July 8, 2017

Attention: Inmate Grievance

Re: Grievance for Dereliction of Duty of Assigned Post et. al.

This is to lodge a formal complaint against certain individuals and the facility that these individuals work for.

On July 6, 2017, at approximately 11 a.m., while presently in the recreation area of the Alpha Pod Yard, I was conversing with a fellow detainee. At the time, we were sharing a packet of trail mix, namely the Healthy Snack Mix option of the brand Kings Nut, bought and paid for from commissary, which is as I remember, still a privelege accorded detainees.

Subsequently, after consumption, we were accosted by **Officers Parker and Fossil**, patted down, strip-searched, and confined to a cell. We were violently handled and completely disrespected. We were nothing but compliant and cooperative. Without due process, we were handcuffed, pushed around, belittled, demeaned, and treated like animals. As I questioned the purpose of this abuse, the officers in question told me verbatim, "to shut up." I was later informed that all of this was sanctioned and authorized by **Lieutenant O'Neill**, who was already in the housing unit observing at the time this all occurred. We were brought to processing to be investigated.

Aside from the fact that Officer Parker has absolute disregard for the safety and rights of detainees, he has, in truth, been the instigator of harm and abuse. There is, as can be proven by the striation marks on my left anterior deltoid and the decreased usage and range of motion of my left arm, aside from this traumatic and demeaning experience, an unwarranted and uncalled for punishment for a crime that never occurred. This improper and excessive use of force on a detainee is totally and resolutely uncalled for. I am not a **STATE PRISONER** and he is **NOT A CORRECTIONAL OFFICER**. Additionally, this is **NOT A CORRECTIONAL FACILITY** and as such, behaviors such as these need to regulated and seen to.

As seen by the facility's own medical records, I was treated for said injuries at a hospital outside the detention center and am currently scheduled for therapy. This is evidence prima facie, of the use of excessive force and a total disregard for the Eighth Amendment protection against cruel and unusual punishment.

This is abuse above and beyond what was necessary.

I am detained but I am still to be accorded a modicum of rights and respect.

The **Detainee Handbook** itself states the following:

"The right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, and harrassment."

Also, according the the **Performance-Based National Detention Standards**, retaliation is prohibited and staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance, or who contacts the **DHS Office of the Inspector General**. Actions are considered retaliatory if they are in response to an informal or formal grievance that has been filed and the action has an adverse effect of the resident's quality of life in the facility. I would like to point this out and formally put this on record to avoid such an consequent event.

I appeal to the humanity of investigating bodies and humbly request that the officers involved be reprimanded and reproached, be spoken to and instructed, perhaps retrained, reassigned or disciplined.

Thank you for your consideration and your prompt attention to this matter.

Manuel Nicolas Gonzalez Reyes

Manuel Nicolas Gonzalez-Reyes

Alien Number 042701219

Sworn to before me on the 10 day of July 2017
by Manuel Nicolas Gonzalez Reyes
Notary Public, State of New York
No. 01FI6211416
Qualified in Monroe County
My Commission Expires September 21, 2017

NOTARY PUBLIC

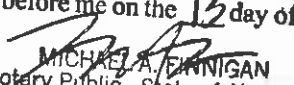
Manuel Nicolas Gonzalez-Reyes
Alien Number 042701219
Buffalo Federal Detention Facility
4250 Federal Drive
Batavia, NY 14020

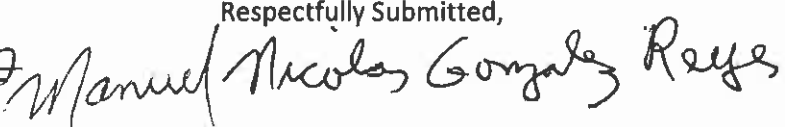
Attention: Inmate Grievance
Re: Photograph Request

This is to formally request that a photograph be taken of the injuries I sustained during an incident while detained at the Buffalo Federal Detention Facility. I am placing this request in writing as this is part of an ongoing investigation.

Thank you for your consideration and prompt consideration.

Respectfully Submitted,

Sworn to before me on the 13 day of July 2017

MICHAEL A. FINNIGAN
Notary Public - State of New York
No. 01FI6211416
Qualified in Monroe County
My Commission Expires September 21, 2017
NOTARY PUBLIC



Manuel Nicolas Gonzalez-Reyes

Alien Number 042701219

Name: _____

Date: ____/____/____

Signature: _____

Subscribed and sworn before me this _____ Day of _____ in the Year _____

Signature of Notary _____ My Commission Expires _____

ICE Health Service Corps

Authorization for Release of Confidential Health Information
Autorización para Divulgación de Información sobre la Salud

I hereby authorize (Name): BDF
(Address): 4250 Federal Drive
to disclose Health Information from my medical records covering
the following period(s) of health care:
from: _____ to: current

Con la presente yo, (Nombre): _____
(Domicilio): _____
autorizo a divulgar información sobre mi salud de mis registros médicos
correspondiente al(los) siguiente(s) periodo(s) de cuidado de la salud:
desde: _____ hasta: _____

Information to be disclosed/Información a ser divulgada:

- ☒ Complete Health Record ☐ H&P Exam ☐ Radiology Reports/EKGs
Registro de Salud Completo Exámenes sobre Historia! y Análisis Físico Informes sobre Radiología/Electrocardiogramas
- ☐ Progress Notes ☐ Lab Reports ☐ Mental Health Notes/Evaluations
Notas Clínicas Informes de laboratorio Notas/Evaluaciones sobre Salud Mental
- ☐ Other/Otro (Specify/Especifique): _____

Reason for disclosure/Motivo para ser divulgado:

- ☐ Continued Care ☐ Lawyer ☒ Other Specify to person
Cuidado prolongado Abogado Otro Especifique: _____

I understand that this will include information relating to/ Entiendo que lo anterior incluirá información sobre:

- ☐ Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV)
Síndrome de Inmunodeficiencia Adquirida (SIDA), o Virus de Inmunodeficiencia Adquirida (VIH)
- ☐ Behavioral Health Sciences/Psychiatric Care ☐ Substance Abuse Records
Ciencias de la Salud del Comportamiento/ Cuidado Psiquiátrico Registros sobre Abuso de Sustancias

This information will be released via/Esta información se divulgará por:

Name/Nombre: BUFFALO FEDERAL DETENTION FACILITY ☐ Fax ☐ Mail/Correo
Address/Domicilio: 4250 FEDERAL DRIVE Phone, Fax#/No. Teléfono, Fax: 866-616-3945 Tel: 585-344-6648
State/Estado: NEW YORK City/Ciudad: BATAVIA
Zip Code/Código Postal: 14020

The facility, its employees, officers, and physicians are Hereby released from any legal responsibility or liability for disclosure of the above information in the extent indicated and authorized herein.

Con la presente se exime de toda culpa o responsabilidad legal a causa de la divulgación de la información contenida arriba, a esta institución, sus empleados, funcionarios y médicos dentro de los márgenes autorizados en este medio.

X Manuel Nicolas Gonzalez Reyes
Name and Signature of Patient/Nombre y Firma del Paciente

7/7/17
Date/Fecha

Name and Relationship of Legal Representative/
Nombre y Parentesco del Representante Legal (si corresponde)

Date/Fecha

[Signature]
Name of Witness/Nombre del Testigo

7/7/17
Date/Fecha

Last Name:	First Name:
A#:	A#: 042701219
Date of Camp Arrival (DCA):	Last: GONZALEZ-REYES, First: MANUEL NICHOLAS DOB: 10/20/1972 DR
Medical Clinic:	1234 Male
BATAVIA	

I have received the
necessary information and records



U.S. Immigration
and Customs
Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY-14020
Appointment Facility: Buffalo SPC

07/17/2017

Appointment Provider: Candice Link, PA

Appointment Provider: Candice Link, PA

Electronically signed by Candice Link PA , PA on 07/17/2017 at 09:30 MST
Sign off status: Pending

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Candice Link, PA 07/17/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



U.S. Immigration and Customs Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY-14020
PCP: Candice L Link PA
Appointment Facility: Buffalo SPC

07/12/2017

Appointment Provider: Drew R Hingtgen, RN

Current Medications

Taking

- Hydroxyzine Pamoate 25 MG Capsule 1 capsule as needed QHS PRN, stop date 08/02/2017, KOP: No, Drug Source: In House Pharmacy
- Hydroxyzine Pamoate 50 MG Capsule 1 capsule as needed QHS PRN, stop date 09/27/2017, KOP: No, Drug Source: In House Pharmacy
- Ibuprofen 600 MG Tablet 1 tablet with food or milk x 14 days TID PRN, stop date 07/21/2017, KOP: Yes, Drug Source: In House Pharmacy

Past Medical History

Nondependent cannabis abuse, unspecified
Other, mixed, or unspecified nondependent drug abuse, unspecified
Other constipation
Chronic rhinitis
Pain in throat

Allergies

N.K.D.A.

Reason for Appointment

- SC: Skin-bruising

History of Present Illness

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: Wrist Band, Verbally

Chaperone Present? No

Interpretation Provided? Detainee speaks English fluently

Pain Assessment:

Pain

Are you currently in pain? No

Narrative:

Pt reports to sick call requesting to have someone look at the bruising on his left shoulder/upper arm. Pt also reports intermittent numbness in his left pinky finger. Pt wearing sling incorrectly causing pressure on the pinky side of his arm/hand. Pt re educated on how to correctly wear his arm sling to ensure equal pressure across his arm/hand. Pt educated on the healing process of bruising and that his arm and shoulder were healing and look WNL. Pt reports that his current pain medication is working and that he is pain free.

Vital Signs

Pain scale		
0 out of 10	07/12/2017 01:34:17 PM	Drew Hingtgen RN
Temp		
98.6 F	07/12/2017 01:34:17 PM	Drew Hingtgen RN
HR		
89 /min	07/12/2017 01:34:17 PM	Drew Hingtgen RN
BP		
130/86 mm Hg	07/12/2017 01:34:17 PM	Drew Hingtgen RN
RR		
16 /min	07/12/2017 01:34:17 PM	Drew Hingtgen RN
Wt		
186 lbs	07/12/2017 01:34:17 PM	Drew Hingtgen RN
Ht		
67 in	07/12/2017 01:34:17 PM	Drew Hingtgen RN
BMI		
29.13 Index	07/12/2017 01:34:17 PM	Drew Hingtgen RN

Examination

General Examination:

SKIN: large bruising noted on patients left upper arm/shoulder, bruising healing, skin intact.
MUSCULOSKELETAL: normal gait no deformities non-tender to palpation full range of motion good strength and equal bilaterally good capillary refill in nail beds neurovascular intact.
EXTREMITIES: no edema full range of motion good capillary refill in nail beds.
PSYCH: alert, oriented cooperative with exam good eye contact.

Assessments

Alteration in comfort.

Treatment

1. Others

Notes: No treatment indicated at this time.

Disposition: Detainee returned to dorm

Notes: Discussed medication use and side effects with patient, Education provided on Medication and Treatment, Medication and Treatment Plan Reviewed, Medication risks, benefits, alternatives discussed, Patient advised to return to sick call if symptoms worsen prior to next appointment, Patient verbalized understanding of all instructions. IHSC RN guidelines referenced for this SC

Electronically signed by Nicole Midia RN , RN on 07/10/2017 23:25:07 (Eastern Daylight Time)

Sign off status: Completed

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Nicole Midia, RN 07/10/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



U.S. Immigration and Customs Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347498350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY-14020
PCP: Candice L Link PA
Appointment Facility: Buffalo SPC

07/10/2017

Appointment Provider: Nicole Mdlia, RN

Current Medications

Taking

- Hydroxyzine Pamoate 25 MG Capsule 1 capsule as needed QHS PRN, stop date 08/02/2017, KOP: No, Drug Source: In House Pharmacy
- Hydroxyzine Pamoate 50 MG Capsule 1 capsule as needed QHS PRN, stop date 09/27/2017, KOP: No, Drug Source: In House Pharmacy
- Ibuprofen 600 MG Tablet 1 tablet with food or milk x 14 days TID PRN, stop date 07/21/2017, KOP: Yes, Drug Source: In House Pharmacy

Past Medical History

Nondependent cannabis abuse, unspecified
Other, mixed, or unspecified nonddependent drug abuse, unspecified
Other constipation
Chronic rhinitis
Pain in throat

Reason for Appointment

- SC: pain in left shoulder

History of Present Illness

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: ID Badge, Verbally

Chaperone Present? No

Interpretation Provided? Detainee speaks English fluently

Pain Assessment:

Pain

Are you currently in pain? Yes

The pain is located : left shoulder

The severity of pain is rated at 8/10

The severity of the pain is moderate to severe

The pain began 4-5 days ago

The character of the pain is aching, is constant, is sharp

The associated symptoms are tender to touch

The pain is aggravated by other

Describe: movement of left arm

The pain is relieved by other

Describe: unknown

Vital Signs

Pain scale		
8 out of 10	07/10/2017 08:18:28 PM	Nicole Mdlia RN
Temp		
98.6 F	07/10/2017 08:18:28 PM	Nicole Mdlia RN
HR		
100 /min	07/10/2017 08:18:28 PM	Nicole Mdlia RN
BP		
140/90 mm Hg	07/10/2017 08:18:28 PM	Nicole Mdlia RN
RR		
16 /min	07/10/2017 08:18:28 PM	Nicole Mdlia RN
Wt		
188 lbs	07/10/2017 08:18:28 PM	Nicole Mdlia RN
Ht		
67 In	07/10/2017 08:18:28 PM	Nicole Mdlia RN
BMI		
29.44 Index	07/10/2017 08:18:28 PM	Nicole Mdlia RN

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

EXTREMITIES: left arm limited ROM per detainee, wearing arm sling, CMS checks WNL to digits on left hand, large bruise noted to inner aspect of arm near amput, skin intact, no drainage present.

Detainee states the Ibuprofen that has been prescribed for him is not alleviating his pain. Requesting stronger medication for pain relief.

Assessments

Alteration in comfort.

Notes: Will refer to provider for further evaluation

Appointment Provider: Nicole Mdlia, RN

Electronically signed by Nicole Midia RN, RN on 07/10/2017 23:25:07 (Eastern Daylight Time)
Sign off status: Completed

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Nicole Midia, RN 07/10/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



U.S. Immigration and Customs Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY-14020
PCP: Candice L Link PA
Appointment Facility: Buffalo SPC

07/08/2017

Appointment Provider: Merlie M Barcena, NP

Current Medications

Taking

- Hydroxyzine Pamoate 25 MG Capsule 1 capsule as needed QHS PRN, stop date 08/02/2017, KOP: No, Drug Source: In House Pharmacy
- Hydroxyzine Pamoate 50 MG Capsule 1 capsule as needed QHS PRN, stop date 09/27/2017, KOP: No, Drug Source: In House Pharmacy
- Ibuprofen 600 MG Tablet 1 tablet with food or milk x 14 days TID PRN, stop date 07/21/2017, KOP: Yes, Drug Source: In House Pharmacy

Past Medical History

Nondependent cannabis abuse, unspecified
Other, mixed, or unspecified nondependent drug abuse, unspecified
Other constipation
Chronic rhinitis
Pain in throat

Review of Systems

Musculoskeletal:

Joint stiffness Admits severe left shoulder pain, limitation on ROM.

Reason for Appointment

- ER (L)- Left shoulder injury

History of Present Illness

Narrative:

44 y/o patient was Intervene in the yard by ICE officer consequently with pain on his left shoulder. Pt was sent to the ER for consultation. Pt was DX with Contusion versus sprain of the left shoulder. Today, pt reports the pain is severe, mildly improved. He reports more redness and pain on deltoid region. Pt reports still unable to move affected shoulder due to pain.

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: ID Badge, Verbally

Chaperone Present? No

Interpretation Provided? Provider fluent in detainee's native language

Pain Assessment:

Pain

Are you currently in pain? Yes

The pain is located : see HPI

The severity of pain is rated at 9/10

The severity of the pain is moderate to severe

The pain began 4-5 days ago

The character of the pain is aching

The associated symptoms are none

The pain is aggravated by other

Describe: ROM

The pain is relieved by other

Vital Signs

Pain scale		
8 out of 10	07/08/2017 08:06:19 AM	Merlie Barcena NP
Temp		
98.2 F	07/08/2017 08:06:19 AM	Merlie Barcena NP
HR		
83 /min	07/08/2017 08:06:19 AM	Merlie Barcena NP
BP		
144/90 mm Hg	07/08/2017 08:06:19 AM	Merlie Barcena NP
RR		
18 /min	07/08/2017 08:06:19 AM	Merlie Barcena NP
Wt		
188 lbs	07/08/2017 08:06:19 AM	Merlie Barcena NP
Ht		
67 In	07/08/2017 08:06:19 AM	Merlie Barcena NP
BMI		
29.44 Index	07/08/2017 08:06:19 AM	Merlie Barcena NP

BYRN.

Examination

General Examination:

GENERAL APPEARANCE: In no acute distress, well developed, well nourished, appears in discomfort.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: normal, clear to auscultation bilaterally, no wheezes, rales, rhonchi.

MUSCULOSKELETAL: left shoulder; redness and bruised on deltoid area. Pt is very guarded due to pain- limited examination. PROM; adduction with discomfort, adduction with discomfort. Muscle strength slightly decreased..

Assessments

- Unspecified subluxation of left shoulder joint, initial encounter - S43.002A

Treatment

1. Unspecified subluxation of left shoulder joint, Initial encounter

Notes: Continue Ibuprofen pm pain. Continue sling. Refer back to Ortho for MRI and further evaluation d/t pain and limited ROM/PROM. Referral req.

Disposition: Medically cleared for custody

Appointment Provider: Merlie M Barcena, NP

Confirmatory sign off:

Quinones MD, Carlos M 07/11/2017 01:58:11 PM

Electronically signed by Merlie Barcena NP , NP on 07/08/2017 18:47:46 (Eastern Daylight Time)

Electronically co-signed by Carlos Quinones MD on 07/11/2017 at 01:58 PM MDT

Sign off status: Completed

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Merlie M Barcena, NP 07/08/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**U.S. Immigration
and Customs
Enforcement**

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY-14020
PCP: Candice L Link PA
Appointment Facility: Buffalo SPC

07/07/2017

Appointment Provider: Indea B King, NP

Current Medications

Taking

- Hydroxyzine Pamoate 25 MG Capsule 1 capsule as needed QHS PRN, stop date 08/02/2017, KOP: No, Drug Source: In House Pharmacy
- Naproxen 500 MG Tablet 1 tablet as needed BID, stop date 07/07/2017, KOP: Yes, Drug Source: In House Pharmacy
- Hydroxyzine Pamoate 50 MG Capsule 1 capsule as needed QHS PRN, stop date 09/27/2017, KOP: No, Drug Source: In House Pharmacy
- Ketorolac Tromethamine 30 MG/ML Solution 60 mg IM Once a day, stop date 07/07/2017, KOP: No, Drug Source: In House Pharmacy

Past Medical History

Nondependent cannabis abuse, unspecified
Other, mixed, or unspecified nondependent drug abuse, unspecified
Other constipation
Chronic rhinitis
Pain in throat

Allergies

N.K.D.A

Reason for Appointment

- Review ER consult

History of Present Illness

Narrative:

Review of ER consult 7/6/17- see scanned document

A: Contusion of left shoulder; Shoulder Sprain

P: xray obtained to r/o fracture dislocation was negative; ibuprofen 600mg Q6-8h for pain PRN

t/u orthopedics (716-898-3414) In 3-5 days if no symptom improvement to obtaine MRI d/t

decreased ROM of the joint and may have subluxed or have ligamentous damage; refrain from lifting

heavy items with left arm for the next week; remain in sling and try gentle ROM to prevent frozen

shoulder, return to ER if increased pain out of control, fall.

Assessments

- Contusion of left shoulder, sequela - S40.012S (Primary)

Treatment

- Contusion of left shoulder, sequela

Start ibuprofen Tablet, 600 MG, 1 tablet with food or milk x 14 days, Orally, TID PRN, 14 days, 1, Refills

0, KOP: Yes, Drug Source: In House Pharmacy

Notes: referred to ortho per ER recommendation for possible MRI eval joint subluxation and possible

ligamentous injury

PI educated refrain from lifting heavy items with left arm for the next week; remain in sling and try

gentle ROM to prevent frozen shoulder, return to ER if increased pain out of control, fall.

Referral To: Orthopedics (Pending Approval)

Reason: 44 y/o male seen by ER 7/6/17 and recommend referral for orthopedic consult in 3-5

days s/p left shoulder injury/subluxation

Appointment Provider: Indea B King, NP

Electronically signed by Indea King NP, NP on 07/07/2017 15:42:37 (Eastern Daylight Time)

Sign off status: Completed

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Indea B King, NP 07/07/2017

Note generated by eClinicalWorks EHR/PM Software (www.eClinicalWorks.com)



**U.S. Immigration
and Customs
Enforcement**

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY 14020

Past Medical History

Nondependent cannabis abuse, unspecified
Other, mixed, or unspecified nondependent drug
abuse, unspecified
Other constipation
Chronic rhinitis
Pain in throat

Reason for Appointment

1. Medical records request

History of Present Illness

Request for Medical Records:

Request for Medical Records
Medical records requested on the following date: 01/01/2015 06/21/2017
Dates of records requested: 7/17/17
Was complete health record requested? No June 2017-present
Approver of this request: CDR S McMeahan
Medical Records Request form scanned to Patient Documents: Yes
Medical Records requested from outside provider? No
Name of person requesting medical records: Detainee
Requested records retrieved and total number of pages released: 7/17/2017
Requested medical records were provided to requestor on: 01/01/2015 7/17/2017
If detainee request, detainee signed for records or records were placed in detainee property.
Yes, detainee signed for records, Yes, records placed in property
If detainee request, detainee allowed to ask questions and answers provided: Detainee had no
questions

Tel:
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note:

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U.S. Immigration
and Customs
Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY 14020

Tel:
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note:

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U.S. Immigration and Customs Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
 Facility Code: BTV Housing Area: A-2
 44 Y old Male, DOB: 10/20/1972
 Account Number: 1000350775
 4250 FEDERAL DRIVE, BATAVIA, NY-14020
 PCP: Candice L Link PA
 Appointment Facility: Buffalo SPC

07/07/2017

Appointment Provider: Erin Slattery, RN
 Supervising Provider: Indea B King, NP

Current Medications

Taking

- Hydroxyzine Pamoate 25 MG Capsule 1 capsule as needed QHS PRN, stop date 08/02/2017, KOP: No, Drug Source: In House Pharmacy
- Naproxen 500 MG Tablet 1 tablet as needed BID, stop date 07/07/2017, KOP: Yes, Drug Source: In House Pharmacy
- Hydroxyzine Pamoate 50 MG Capsule 1 capsule as needed QHS PRN, stop date 09/27/2017, KOP: No, Drug Source: In House Pharmacy
- Ketorolac Tromethamine 30 MG/ML Solution 60 mg IM Once a day, stop date 07/07/2017, KOP: No, Drug Source: In House Pharmacy

Past Medical History

Nondependent cannabis abuse, unspecified
 Other, mixed, or unspecified nondependent drug abuse, unspecified
 Other constipation
 Chronic rhinitis
 Pain in throat

Reason for Appointment

- return from ER

History of Present Illness

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: Wrist Band, ID Badge, Picture

Chaperone Present? No

Interpretation Provided? Detainee speaks English fluently

Pain Assessment:

Pain

Are you currently in pain? Yes

The pain is located : left shoulder

The severity of pain is rated at 5/10

The severity of the pain is moderate

The pain began 1-2 days ago

The character of the pain is aching

The associated symptoms are tender to touch

The pain is aggravated by reaching

The pain is relieved by ice, OTC medication

Return from Offsite:

Return from Offsite visit

Returns from off-site appointment at 1:00

Consultation notes returned with patient: Yes

Reports that off-site provider said: Contusion of the left shoulder/shoulder sprain

Reports that off-site provider recommended follow-up for: FU appointment scheduled with MLP

Provider will see patient on: 07/07/2017 .

Vital Signs

Pain scale		
5 out of 10	07/06/2017 10:45:29 PM	Erin Slattery RN
Temp		
98.2 F	07/06/2017 10:45:29 PM	Erin Slattery RN
HR		
71 /min	07/06/2017 10:45:29 PM	Erin Slattery RN
BP		
143/92 mm Hg	07/06/2017 10:45:29 PM	Erin Slattery RN
RR		
18 /min	07/06/2017 10:45:29 PM	Erin Slattery RN
Wt		
192 lbs	07/06/2017 10:45:29 PM	Erin Slattery RN
Ht		
67 In	07/06/2017 10:45:29 PM	Erin Slattery RN
BMI		
30.07 Index	07/06/2017 10:45:29 PM	Erin Slattery RN

Examination

General Examination:

GENERAL APPEARANCE: In no acute distress, well developed, well nourished; vital signs within normal limits.

Assessments

Knowledge deficit related to off-site appt instructions and follow-up plan.

Treatment

1. Others

Notes: 2 Tylenol given to detainee for pain KOP PRN, detainee already taking naproxen and had Advil 600 mg at 2315, supplied small ice bag and larger arm sling, special needs form supplied. Patient educated on plan for follow-up and verbalized understanding, RN Guidelines Sprains, Strains, and

Contusions. Notified to apply covered ice pack for 20 minute intervals every hour x 24 hours as needed for pain. Educated to return to clinic for any edema, discoloration of skin, excessive warmth or coldness to affected fingers, increase of pain, or decrease in ROM. May also return to clinic if any questions or concerns arise. Mother verbalizes understanding of instructions, agrees to plan of care, and denies questions at this time.

Follow Up
as scheduled

Notes: Education provided on Medication and Treatment, Patient advised to return to sick call if symptoms worsen prior to next appointment, Patient verbalized understanding of all instructions

Appointment Provider: Erin Slattery, RN

Confirmatory sign off:

King NP, Indea B 07/07/2017 06:36:00 AM King NP, Indea B 07/07/2017 09:35:59 >
Noted. fu as scheduled

Electronically signed by Erin Slattery RN , RN on 07/07/2017 01:49:16 (Eastern Daylight Time)

Sign off status: Completed

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Erin Slattery, RN 07/07/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



U.S. Immigration and Customs Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701218 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY-14020
PCP: Candice L Link PA
Appointment Facility: Buffalo SPC

07/06/2017

Appointment Provider: Carlos M Quinones, MD

Current Medications

Taking

- Hydroxyzine Pamoate 25 MG Capsule 1 capsule as needed QHS PRN, stop date 08/02/2017, KOP: No, Drug Source: In House Pharmacy
- Naproxen 500 MG Tablet 1 tablet as needed BID, stop date 07/07/2017, KOP: Yes, Drug Source: In House Pharmacy
- Hydroxyzine Pamoate 50 MG Capsule 1 capsule as needed QHS PRN, stop date 09/27/2017, KOP: No, Drug Source: In House Pharmacy

Past Medical History

Nondependent cannabis abuse, unspecified
Other, mixed, or unspecified nondependent drug abuse, unspecified
Other constipation
Chronic rhinitis
Pain in throat

Review of Systems

Musculoskeletal:

Pain in shoulder(s) admits, affecting the left shoulder.

Reason for Appointment

1. Right shoulder xray

History of Present Illness

Pain Assessment:

Pain

Are you currently in pain? Yes

The pain is located Use Notes Section left shoulder

The severity of pain is rated at 8/10

The severity of the pain is moderate to severe

The pain began 1-2 days ago

The character of the pain is constant

The associated symptoms are tender to touch

The pain is aggravated by physical activity

The pain is relieved by other

Describe: toradol 60 mg IM

44 y/o patient was intervene in the yard by ICE officer. Patient alleges that while he was handcuffed in processing then his shoulder was overdistended in internal rotation. He states feeling that his shoulder popped out. Patient was brought to the clinic for evaluation.

Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: ID Badge, Verbally

Chaperone Present? No

Interpretation Provided? Provider fluent in detainee's native language

Vital Signs

Pain scale		
8 out of 10	07/06/2017 10:46:26 AM	Carlos Quinones MD
Temp		
98.9 F	07/06/2017 10:46:26 AM	Carlos Quinones MD
HR		
86 /min	07/06/2017 10:46:26 AM	Carlos Quinones MD
BP		
129/89 mm Hg	07/06/2017 10:46:26 AM	Carlos Quinones MD
RR		
18 /min	07/06/2017 10:46:26 AM	Carlos Quinones MD
Wt		
192 lbs	07/06/2017 10:46:26 AM	Carlos Quinones MD
Hi		
67 in	07/06/2017 10:46:26 AM	Carlos Quinones MD
BMI		
30.07 Index	07/06/2017 10:46:26 AM	Carlos Quinones MD
Oxygen sat %		
99 %	07/06/2017 10:46:26 AM	Carlos Quinones MD
RA / #Liters O2 via:		
RA	07/06/2017 10:46:26 AM	Carlos Quinones MD

Examination

General Examination:

MUSCULOSKELETAL: Left, shoulder, swelling, deformity, tender to palpation, tender to movement, limited ROM - patient shoulder was out of socket and placed in place.

Assessments

1. Unspecified subluxation of left shoulder joint, Initial encounter - S43.002A (Primary)

Treatment

1. Unspecified subluxation of left shoulder joint, Initial encounter

Referral To: Emergency Medicine (Pending Approval)
Reason: shoulder subluxation (left)

Follow Up

upon return from hospital

Disposition: Referral to appropriate health care service for emergency treatment

Appointment Provider: Carlos M Quinones, MD

Electronically signed by Carlos Quinones MD , MD on 07/06/2017 13:57:07 (Eastern Daylight Time)

Sign off status: Completed

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Carlos M Quinones, MD 07/06/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



U.S. Immigration
and Customs
Enforcement

GONZALEZ-REYES, MANUEL NICHOLAS

A: 042701219 SubID: 347499350
Facility Code: BTV Housing Area: A-2
44 Y old Male, DOB: 10/20/1972
Account Number: 1000350775
4250 FEDERAL DRIVE, BATAVIA, NY-14020
PCP: Candice L Link PA
Appointment Facility: Buffalo SPC

07/06/2017

Appointment Provider: Carlos M Quinones, MD

Current Medications

Taking

- Hydroxyzine Pamoate 25 MG Capsule 1 capsule as needed QHS PRN, stop date 08/02/2017, KOP: No, Drug Source: In House Pharmacy
- Naproxen 500 MG Tablet 1 tablet as needed BID, stop date 07/07/2017, KOP: Yes, Drug Source: In House Pharmacy
- Hydroxyzine Pamoate 50 MG Capsule 1 capsule as needed QHS PRN, stop date 09/27/2017, KOP: No, Drug Source: In House Pharmacy

Reason for Appointment

- Medication prescription

Assessments

- Unspecified subluxation of left shoulder joint, Initial encounter - S43.002A (Primary)

Treatment

- Unspecified subluxation of left shoulder joint, Initial encounter
Start Ketorolac Tromethamine Solution, 30 MG/M, 60 mg IM, Injection, Once a day, 1 day, 2, Refills 0,
KOP: No, Drug Source: In House Pharmacy

Past Medical History

Nondependent cannabis abuse, unspecified
Other, mixed, or unspecified nondependent drug
abuse, unspecified
Other constipation
Chronic rhinitis
Pain in throat

Appointment Provider: Carlos M Quinones, MD

Allergies

NKDA

Electronically signed by Carlos Quinones MD, MD on 07/06/2017 14:03:29 (Eastern Daylight Time)

Sign off status: Completed

Buffalo SPC
4250 FEDERAL DRIVE
BATAVIA, NY 14020
Tel: 585-343-0814
Fax:

Patient: GONZALEZ-REYES, MANUEL NICHOLAS DOB: 10/20/1972 Progress Note: Carlos M Quinones, MD 07/06/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

CERTIFICATE OF SERVICE

STATE OF NEW YORK

)

COUNTY OF GENESSEE

)

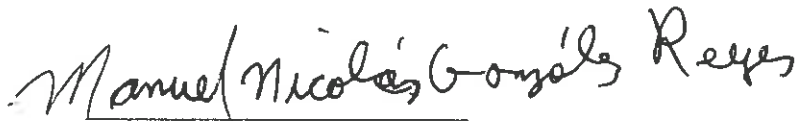
United States District Court
Western District of New York
304 United States Court House,
68 Court Street,
Buffalo, New York 14202

Clerk of the Court
United States District Court
Western District of New York
100 State Street,
Rochester, New York 14614

I, Manuel Gonzalez-Reyes, with Alien Number 042-701-219,


hereby certify that I served a copy of the attached documents to the United States District Court, Western District of New York at the above addresses.

Respectfully Submitted,



Manuel Nicolas Gonzalez-Reyes
Alien Number 042-701-219
Buffalo Federal Detention Facility
4250 Federal Drive
Batavia, NY 14020

Notary:


MATTHEW BUCK
Notary Public - State of New York
No. 01BU6256203
Qualified in Wyoming County
My Commission Expires March 26, 20

8/4/17